

Alabama Veterinary Allergy and Dermatology Service  
Tomeshia Hubbard, DVM  
1900 Hoover Ct. 2112 Memorial Parkway SW  
Hoover, Al 35226 Huntsville, AL 35801  
Bus: 205-218-2707 Fax: 205-208-1159

Client Information Form

Please print clearly: Date: \_\_\_\_\_

Owner's name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_ Driver license # \_\_\_\_\_  
Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Pet's age: \_\_\_\_\_ Color: \_\_\_\_\_  
Pet's Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_

Clinic name: \_\_\_\_\_

Clinic address: \_\_\_\_\_

Clinic phone: \_\_\_\_\_ Fax: \_\_\_\_\_

List any previous veterinarians:  
\_\_\_\_\_

Your pet has been referred to the Alabama Veterinary Allergy and Dermatology Service for consultation, evaluation, special testing and/or treatment to supplement the services provided by your regular veterinarian. At the completion of the work done here, a full report will be given to you and a copy mailed to the referring veterinarian. Responsibility for continued routine health care of your pet will remain with you and your referring veterinarian.

I agree that all fees will be paid in full as services are rendered.

Signature: \_\_\_\_\_

Choose a payment option: \_\_\_\_\_ Cash  
\_\_\_\_\_ Check  
\_\_\_\_\_ Credit Card (Circle one: Visa, MC, Discover or AMEX)  
\_\_\_\_\_ Care Credit

**Please be aware that there is a no call/no show fee that will be assessed to your account if you do not notify our office within 24 hours of your scheduled appointment!!!**